U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13738	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name VICTOR . D TORRES	Name TEAMSTERS AFL-CIO, LOCAL 481		
	Labor Organization File Number 046-777		
P.O. Box, Bldg., Room No., if any ROOM 203	P.O. Box, Building and Room Number, if any ROOM 203		
Street 2840 ADAMS AVENUE	Street 2840 ADAMS AVENUE		
City SAN DIEGO .	City SAN DIEGO		
State California ZIP Code ÷ 4 92116-1405	State California ZIP Code + 4 92116-1405		
5. Position in labor organization.  PRESIDENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.5. Amount		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Val D. Z	On 8/15/2005 619-282-2187		
Form I M 30 (2002)	Date Telephone Number		

Name of Person Filing VICTOR TORRES	File Number L	J- 	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with the properties of	wise deafing with the business vely seeking to represent, or firectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.		
Name SAN DIEGO CTY TEAMSTERS EMPLOYERS INSUR TRU	BI-MONTHLY TRUST MEETINGS.		
P.O. Box, Bldg., Room No., if any SUITE 207		,	
Street 2831 CAMINO DEL RIO SOUTH	11.b. Approximate dollar value of such deali	ng. \$0	
City SAN DIEGO	12.a. Nature of interest held or income received.		
State California ZIP Coc'e + 4 92108-3828	LUNCH FOLLOW TRUST MEETINGS.		
	12.b. Amount.	\$58	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	,	Percentage	
P.O. Box, Bldg., Room No., if any Street City		the control of the co	
State ZIP Code + 4		erene v	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	, \$0	